referral source had improved from 5% to 70%, named consultant from 65 to 95%, and clinical examination from 80% to 100%.
Conclusion: The introduction of a clerking proforma has significantly improved the quality of admission documentation for acute surgical patients, and has now been formally implemented in our department.

0935: USE OF A LEVEL ONE TRAUMA WARD IN A MAJOR TRAUMA CENTRE IN ITS FIRST 12 MONTHS

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Aim: To establish how the new 8-bedded level one ward (D9) was being utilised at East Midlands Major Trauma Centre during its first year of existence.
Methods: Data was collected retrospectively from the ward admissions book and cross-referenced with the Nottingham TARN database to ensure accuracy.
Results: 403 patients were admitted to D9 within the 12 months studied. Some were readmitted, resulting in 466 admissions total. Median length of stay was 3 days (range 0-33), although 32 patients were admitted for less than 24 hours. 45% admissions (n=212) were directly from ED; 34% (n=159) from higher level (level 2 or 3) wards and 54 admissions post-operatively from theatre. The remainder originated from level 0 wards, other hospitals or did not have a prior destination noted. 42% (n=198) patients were discharged home from D9; 33% (n=154) were transferred to level 0 wards; only 3 patients died; the remainder were discharged to other hospitals or higher level wards. 30 patients were readmitted to D9, with 83% (n=25) being readmitted back from higher level wards.
Conclusion: Most admissions to D9 originated from ED/higher level wards, were of short duration and resulted in either discharge home or transfer to higher/lower level wards as appropriate.

0942: THE SIMPLE ANKLE FRACTURE FIXATION: EXPLORING THE CONTROVERSIES

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Aim: Ankle fractures are common with a UK annual incidence of ~10,000/year (Van Staa et al., 2001). Fixation is generally required to restore the fibula length and integrity of the mortise in unstable fracture. Fixation of "simple ankle fractures" are index cases used to assess those seeking selection to and to check progress within, an orthopaedic training post, yet controversy remains with regard to almost every step of the treatment pathway.
Methods: We conducted an anonymous pilot survey via "survey monkey" of 30 questions relating to ankle fracture fixation practice.
Results: We obtained 42 responses from CT2 to Consultant level.
Unanimous consensus was eluded on all points. Post-operative immobilisation had the closest agreement (41/42) followed closely by sandbag use (40/42). Classification system, tourniquet pressure and skin closure all produced diversity, reflected in the literature (Koval & Zuckerman 2003, Hak & Lee 2005).
Conclusion: We have identified some of the many inconsistencies in "ankle fracture fixation". Our results suggest there is no "standard" for ankle fracture is a misnomer. We suggest there is a need for up-to-date reviews on all aspects of perioperative ankle fracture fixation to potentially bring about greater uniformity in practice on the background of an evidence base.

0955: LITIGATION OF COMPARTMENT SYNDROME COMPLAINTS: RETROSPECTIVE REVIEW OF 5 YEARS OF NHS ORTHOPAEDIC CLAIMS

E. Gillott*, J. Machin, H. Krishnan, S. Sarker, J. Bhamra, T. Briggs. *Royal National Orthopaedic Hospital, UK*

Aim: Compartment Syndrome is a surgical emergency. Prompt diagnosis can limit the sequale and potentially save the limb.
Methods: We analysed all NHSLA (National Health Service Litigations Authority) orthopaedic-related claims 2006-2012 (5706 anonymised claims) for reference to compartment syndrome.
Results: 65/5706 claims related to complaints regarding compartment syndrome. Failure or delay to diagnosis was the most common allegation (72%). Mean age of complainant was 33 years (range: 6–71 years). There was a 4:1 male predominance. 8 cases were upper limb, 37 lower limb with 20 cases unspecified. 38/65 cases closed (settled); 9 cases settled with no monetary cost to either party and a further 29 at a cost of £5.3m aggregate. Costs to defend all cases was £306,000. Ten complainants alleged resultant amputation of the affected limb. 4/10 cases closed 3 of those were awarded damaged; mean monetary cost/patient of £807,000
Conclusion: Compartment syndrome is rare. Diagnosis is clinical and based on a high level of suspicion. Delay in treatment can negatively affect outcome and add to the financial burden of the NHS. Education of health care professionals regarding compartment syndrome must be targeted not only to reduce litigation costs, but also to improve patient outcomes.

0965: PILOT AUDIT OF CURRENT TRAUMA LOAD IN A DISTRICT GENERAL HOSPITAL

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Aim: Trauma care is regionalised into major trauma centres (MTC) with clear criteria for central transfer. As a result, a DGH should see minimal major trauma. Our aim was to describe trauma team activation in a DGH and utilisation of resources.
Methods: A&E department software was used to identify cases where trauma-team activation had occurred over a 3-month period. Mechanism, injuries, imaging, length of stay and outcome were collected.
Results: We identified 11 episodes of trauma-team activation. These were for 2 paediatric cases and 9 adult cases. The most frequent mechanism was RTC. Four patients were brought to the DGH against guidelines. Of these, one was transferred to the MTC and the others observed in the DGH. Median length of stay was 1 day for those brought to the DGH appropriately vs 1.5 for those who met MTC transfer guidelines.
Conclusion: Our DGH sees a low volume of trauma, but a third of this should be triaged direct to the MTC. We plan to extend this audit to capture our full scope of activity since the introduction of the trauma network.

0968: DEVELOPMENT OF A MODEL TO PREDICT A NORMAL APPENDIX AT LAPAROSCOPY FOR RIGHT ILIAC FOSSA PAIN

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Aim: Negative appendicectomy remains relatively common and has an associated rate of morbidity. Current predictive tests and models are designed to identify which patients with right iliac fossa pain have appendicitis. We set out to develop a model to identify patients who are likely to have a normal appendix in the context of right-iliac fossa pain.
Methods: Previous audit identified 467 consecutive laparoscopic appendicectomies. Complete demographic data and laboratory investigations were available for 299 of these. Variables were analysed using multivariate analysis and a binomial logistic-regression model was derived. Validation was performed on an independent set of 58 laparoscopic appendicectomies.
Results: Multivariate analysis confirmed age (OR 0.95), white cell count (OR 0.83) and bilirubin (0.94) as significant predictors of a normal appendix. Pseudo r2 was 0.28. Percentage probability of normal histology was calculated and a ROC curve was plotted, showing good discrimination (AUC=0.85). The optimum cut off was at 51% probability of a normal appendix. These findings were confirmed in the validation group where the cut-off showed sensitivity and specificity of 0.84 and 0.86 respectively.
Conclusion: This model has potential to identify patients where the appendix might be left in-situ and should be further evaluated in the clinical setting.

0994: CONSULTANT COVER ON AN ACUTE SURGICAL GP ADMISSION UNIT–DRIVING DOWN WAITING TIMES IN A NORTH-WEST HOSPITAL

N. Hossain*, M. Berry, S. Ashraf, M. Hartley. *Royal Liverpool Hospital, UK*

Aim: There has been a drive to introduce senior support early on in the assessment of acute surgical patients. RCS Guidelines state that consultant-